

STATE OF INDIANA) IN THE CIRCUIT COURT
COUNTY OF MADISON) CAUSE NUMBER _____

IN RE THE GUARDIANSHIP OF:)

PROTECTED PERSON/ADULT

**PEITION FOR APPOINTMETN OF PERMANENT GUARDAIN FOR INCAPCITATED
PERSON**

_____ (your name), Petition says:

1. _____ (ward) date of birth _____, who is currently residing at
Madison County, IN, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of
being a resident of Madison County, IN.

2. The alleged incapacitated person's presence at any hearing on this Petition is not required
because _____.

3. The incapacitated person is an individual who is unable to:

() manage his/her property,

() provide self care,

Because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness,
excessive use of drugs, incarceration, confinement, dentition, duress, fraud, undue influence of others on
the individual, or other incapacity.

4. The property of the incapacitated person is of the approximate value of \$_____.

5. There is no Guardian for the Person or Estate of the incapacitated person in any state.

6. The person or institution to be appointed Guardian is:

Name_____

Address: _____ Zip Code_____

Phone Number: _____

Relationship: _____

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7. The person(s) most closely related by blood or marriage to the incapacitated person is/are:

Name: _____

Address: _____ Zip Code _____

Phone Number: _____

Relationship: _____

8. The person or institution (Caregiver) having the care and custody of the incapacitated person is:

Name: _____

Address: _____ Zip Code _____

Phone Number: _____

Relationship: _____

9. The person to be appointed Guardian, if not a corporation, is already the Guardian of the following protected person(s):_____.

10. The reason for appointment of a Guardian is to provide care and supervision of the person or property of the incapacitated person, and the interest of the petitioner is such appointment is:_____.

Date

Signature